



## ENDORSEMENT BY THE NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS

1. Name:					
(last)		(first)		(middle)	
2. Current Address:					
number and street/rural route (include apt. no., if any)					
City		State		Zip Code	
3. Date of birth:			4. Social Security Number:		
mm/dd/yy			- -		
5. Daytime Phone Number:			6. Date DPM Degree Conferred:		
Area Code: ( )			mm/dd/yy		

**THE CHAUNCEY GROUP INTERNATIONAL /  
NATIONAL BOARD OF PODIATRIC MEDICAL EXAMINERS  
664 ROSEDALE ROAD  
PRINCETON, NJ 08540-2218  
(609) 720-6599**

Please provide signed score reports with seal imprints on the above-noted applicant to the California Board of Podiatric Medicine. Please staple this Form **P6** to the score reports and mail the items directly to:

**BOARD OF PODIATRIC MEDICINE**  
**1420 HOWE AVENUE, SUITE 8**  
**SACRAMENTO, CA 95825-3229**

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